expiration date 8/31/2010)—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NIOSH has the responsibility under Public Law 91–596 section 20 (Occupational Safety and Health Act of 1970) to conduct research relating to innovative methods, techniques, and approaches for dealing with occupational safety and health problems.

Commercial fishing is one of the most dangerous occupations in the United States, with a fatality rate 30 times higher than the national average. Most fishermen who die on the job drown subsequent to a vessel sinking (52%) or fall overboard (31%). Because drowning is the leading cause of death for commercial fishermen, its prevention is one of the highest priorities for those who work to make the industry safer.

The risk of drowning for commercial fisherman is high, yet most fishermen do not wear Personal Flotation Devices (PFDs) while on deck. Of the 182 fishermen who died from falls overboard between 2000 and 2011 none of them were wearing a personal flotation device (PFD). Many were within minutes of being rescued when they lost their strength and disappeared under the surface of the water.

NIOSH recently conducted a study to establish a baseline understanding of Alaska fishermen's perceptions of risk, safety attitudes, and beliefs about PFDs; and to evaluate a variety of modern PFDs with commercial fishermen to discover the features and qualities that they like and dislike. Based upon these results, NIOSH developed an intensive risk communication strategy to raise awareness to newer (potentially more satisfactory) PFD models, to address barriers, and to encourage increased PFD use among fishermen working in Alaska.

The purpose of this study is to first, determine if fishermen's perception of risk, safety attitudes, and beliefs about PFDs has shifted or remained the same since the implementation of the initial survey (2008–2009); and second, to evaluate the effectiveness of the NIOSH intensive risk communication intervention.

NIOSH is requesting OMB approval to administer a survey to fishermen operating in Alaska fisheries. This questionnaire will contain questions that measure fishermen's risk perceptions, safety attitudes, and beliefs about PFDs, as well as recognition and influence of NIOSH risk communication activities. The questionnaire will take approximately 20 minutes to complete. Consistent with the previous OMB-approved data collection protocol, the sample size was determined to be 400 total respondents to achieve a 95% confidence level. Two hundred independent respondents will be sampled just prior to the 2014 season and an additional two hundred will be sampled just prior to the 2015 season.

This study has the potential to greatly benefit the fishing industry. As a result of previous research, NIOSH has gained a baseline understanding of fishermen's reasons for not wearing PFDs. With this empirical data at hand, an intensive risk communication intervention has been developed to address fishermen's concerns and remove the barriers that are currently in place.

There are no costs to respondents other than their time. The total estimated annual burden hours are 134.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden (in hrs)
Fishermen	2014 Fishing Season: Fishing for Facts: A survey of fishermen's opinions about the risk of falls overboard and PFDs.	200	1	20/60	67
Fishermen	2015 Fishing Season: Fishing for Facts: A survey of fishermen's opinions about the risk of falls overboard and PFDs.	200	1	20/60	67

Leroy Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2014–05273 Filed 3–11–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

The meeting announced below concerns Cooperative Research Agreements to the World Trade Center Health Program (U01) PAR 12–126, initial review.

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting:

Times and Dates:

8:00 a.m.–5:00 p.m., April 1, 2014 (Closed);

8:00 a.m.–12:00 p.m., April 2, 2014 (Closed).

Place: Atlanta Marriott Century Center, 2000 Century Boulevard NE., Atlanta, Georgia 30345, Telephone (404) 325–0000.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters for Discussion: The meeting will include the initial review, discussion, and evaluation of applications received in response to ''Cooperative Research Agreements Related to the World Trade Center Health Program (U01) PAR 12–126.''

Contact Person for More Information: Nina Turner, Ph.D., Scientific Review Officer, CDC/NIOSH, 1095 Willowdale Road, Mailstop G905, Morgantown, West Virginia 26505, Telephone: (304) 285–5975.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of

meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Gary Johnson,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2014–05378 Filed 3–11–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Request for Nominations of Candidates To Serve on the World Trade Center Health Program Scientific/Technical Advisory Committee (the STAC or the Committee), Centers for Disease Control and Prevention, Department of Health and Human Services

Correction: This notice was originally published in the **Federal Register** on January 30, 2014 Volume 79, Number 20, page 4911. This notice is to announce the extension of submission for potential nominees.

Nominations must be submitted (postmarked or electronically received) by March 31, 2014. Please submit written nominations (one original and two copies) to the following address only: NIOSH Docket 229–B, c/o Zaida Burgos, Committee Management Specialist, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1600 Clifton Rd. NE., MS: E–20, Atlanta, Georgia 30333 or electronic nominations to: *nioshdocket@cdc.gov*. Attachments in Microsoft Word are preferred. Telephone and facsimile submissions cannot be accepted.

For further information, please contact: Paul Middendorf, Senior Health Scientist, 1600 Clifton Rd. NE., MS: E–20, Atlanta, GA 30333; Telephone (404) 498–2500 (this is not a toll-free number); email *pmiddendorf@cdc.gov*.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Gary Johnson,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 2014–05377 Filed 3–11–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3286–FN]

Medicare and Medicaid Programs; Application From the Joint Commission for Continued Approval of Its Home Health Agency (HHA) Accreditation Program

AGENCY: Centers for Medicare and Medicaid Services, HHS.

ACTION: Final Notice.

SUMMARY: This notice announces our decision to approve the Joint Commission for continued recognition as a national accreditation program for Home Health Agencies (HHAs) seeking to participate in the Medicare or Medicaid programs. An HHA that participates in Medicaid must, in accordance with § 440.70(d) meet the Medicare participation requirements, and may demonstrate compliance through deemed status, as provided for under § 488.6(b), with the exception of the capitalization requirements at § 489.28.

DATES: *Effective Date:* This final notice is effective March 31, 2014 through March 31, 2020.

FOR FURTHER INFORMATION CONTACT: Lillian Williams, (410) 786–8636, Patricia Chmielewski, (410) 786–6899, or Monda Shaver, (410) 786–3410.

SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services from a HHA provided certain requirements are met. Sections 1861(o) and 1891 of the Social Security Act (the Act), establish distinct criteria for facilities seeking to participate in Medicare as an HHA. Regulations concerning Medicare provider agreements are at part 489 and those pertaining to activities relating to the survey and certification of facilities are at part 488. The regulations at part 484 specify the minimum conditions that a HHA must meet to be certified to participate in the Medicare program.

Generally, to enter into a Medicare agreement, a HHA must first be certified by a state survey agency as complying with the conditions set forth in part 484 of the Medicare regulations. Thereafter, the HHA is subject to regular surveys by a State survey agency to determine whether it continues to meet these requirements. There is an alternative, however, to surveys by State agencies.

Section 1865(a) of the Act provides that, if an accrediting organization is recognized by the Secretary as having standards for accreditation that meet or exceed all applicable Medicare conditions or requirements, as well as comparable survey procedures, a provider entity accredited under the national accrediting body's approved Medicare accreditation program would be deemed to meet the Medicare conditions or requirements. Accreditation under an approved Medicare accreditation program of an accrediting organization is voluntary and is not required for Medicare participation.

A national accrediting organization applying for approval of its accreditation program in accordance with section 1865(a)(2) and (3) of the Act and our implementing regulations at part 488, subpart A, must provide us with reasonable assurance that the accrediting organization requires the accredited provider entities to meet requirements that are at least as stringent as all of the applicable Medicare conditions or requirements. Our regulations concerning the approval of accrediting organizations are set forth at § 488.4 and § 488.8(d)(3). The regulations at § 488.8(d)(3) require accrediting organizations to reapply for continued approval of a Medicare accreditation program every 6 years or sooner, as determined by us.

The Joint Commission's current term of approval for its HHA accreditation program expires March 31, 2014.

II. Approval of Deeming Organizations

Section 1865(a)(2) of the Act and our regulations at § 488.8(a) require that our findings concerning review and approval of a national accrediting organization's requirements consider, among other factors, the applying accrediting organization's requirements for accreditation; its survey procedures; its ability to provide adequate resources for conducting required surveys and to furnish us information for use in enforcement activities; its monitoring procedures for provider entities found not in compliance with the conditions or requirements; and its ability to provide us with the necessary data for validation.